



# Loudoun Medical Reserve Corps

c/o Loudoun County Health Dept

P.O. Box 7000

Leesburg, VA 20177-7000

[www.loudoun.gov/health/mass.htm](http://www.loudoun.gov/health/mass.htm)



Date: \_\_\_\_\_

## CITIZEN VOLUNTEER REGISTRATION FORM

First Name:		Last Name:	
<b>HOME</b>	Street:		
	City:	County:	Zip:
	Phone:	Fax:	Cell:
	E-mail:		Date of Birth:
<b>WORK</b>	Employer's Name		Job Title:
	Street		
	City:	County:	Zip:
	Phone:	Fax:	E-mail:
<b>I would prefer to volunteer in:</b> (Please check all that apply)			
<input type="checkbox"/> Eastern Loudoun County (east of Leesburg)		<input type="checkbox"/> Leesburg Area	
<input type="checkbox"/> Western Loudoun County (west of Leesburg)			
<b>SPECIAL SKILLS</b>			
(Please check all that apply. Use additional pages if necessary)			
<input type="checkbox"/>	American Sign Language		
<input type="checkbox"/>	Can speak languages in addition to English (list all languages)		
<input type="checkbox"/>	Data entry or computer skills (please describe)		
<input type="checkbox"/>	Other special skills or abilities (please describe)		
<b>MEDICAL TRAINING AND EXPERIENCE</b>			
(Please check all for which you are licensed or certified in Virginia. Use additional pages if necessary)			
<input type="checkbox"/>	Physician	<input type="checkbox"/>	Pharmacist
<input type="checkbox"/>	Specialty:	<input type="checkbox"/>	Dentist
<input type="checkbox"/>	Physician's Assistant	<input type="checkbox"/>	Veterinarian
<input type="checkbox"/>	Nurse Practitioner	<input type="checkbox"/>	Veterinary Technician
<input type="checkbox"/>	Registered Nurse	<input type="checkbox"/>	Medical or Laboratory Technician
<input type="checkbox"/>	Licensed Practical Nurse	<input type="checkbox"/>	Mental Health Professional
<input type="checkbox"/>	Nurse's Aide	<input type="checkbox"/>	Medical Receptionist/Records
<input type="checkbox"/>	EMT/Paramedic	<input type="checkbox"/>	Other:
<b>CITIZENSHIP</b>			
Are you a U.S. Citizen? (Check one)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Volunteers may be subject to a background or reference check.

Please return this form to the address above or fax to (703) 771-5023,  
attention: Dr. David Goodfriend

Revised Jan 28, 2004